

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7803
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

VETERINARY EXAMINING BOARD

APPLICATION FOR VETERINARY TECHNICIAN CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
--	--

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

School Name: _____

School Address: _____
(City) (State)

Date of Diploma Granted: _____
month/day/year

Degree: _____ Specialty: _____

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

For Receipting Use Only

____ **VTNE & State Law**
\$111.00 Exam Fee
\$ 53.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$ 27.00 Written Exam Adm Fee
\$ 15.00 Contract Exam Fee
\$263.00 Total Fee Attached

____ **Endorsement of VTNE Scores**
\$ 58.00 Initial Credential Fee
\$ 57.00 State Law Exam
\$115.00 Total Fee Attached

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee(s) attached to this application. (Form #653)

VTNE examination PASS and FAIL scores

Wisconsin Statutes and Rules Examination Booklet and Answer Sheet.

Affidavit of licensed veterinarian employer (applicants who **have not** completed a 4-semester course in veterinary technology) Form #2604

Letters from all State Boards where licensed (includes active and inactive licenses).

Certificate of Technical School or College (applicants who have completed 4-semester course) Form #2605

Copies of malpractice suit(s).

Social Security Number (page 4 of 4, Form #653)

-
1. HAVE YOU TAKEN AND PASSED THE NVTE EXAMINATION? _____ YES _____ NO
 2. HAVE YOU REQUESTED THE INTERSTATE REPORTING SERVICE TO REPORT SCORES TO WISCONSIN? _____ YES _____ NO
 3. LIST ALL STATES IN WHICH YOU ARE NOW OR HAVE EVER BEEN CREDENTIALLED.
(Request verifications of credential from all state boards where credentialed.)

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |

Wisconsin Department of Regulation & Licensing

7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. ☐ ☐
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). ☐ ☐
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. ☐ ☐

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Veterinary Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7803
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

VETERINARY EXAMINING BOARD

CERTIFICATE OF TECHNICAL SCHOOL OR COLLEGE

Must be completed for applicants having completed a 4-semester course in veterinary technology.

Please type or print in ink.

I, _____, Registrar of _____,
(registrar) (technical school/college)
hereby certify that _____ completed a 4-semester course of study at
(applicant)
_____ on the _____ day of _____, 20____.
(technical school/college)

SCHOOL SEAL

Signature of Registrar

Date

DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED. Anticipated dates of graduation will not be accepted.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7803
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

VETERINARY EXAMINING BOARD

AFFIDAVIT OF A LICENSED VETERINARIAN EMPLOYER

Must be completed for those applicants for veterinary technician certification who have **NOT** completed a 4-semester course in veterinary technology. For additional affidavits, this form may be copied.

Please type or print in ink.

I, _____, D.V.M., licensed in _____
(employer) (state)

License Number _____ hereby attest that _____
(applicant)

has been employed by me from _____ to _____. I further
(month/day/year) (month/day/year)

certify that during this 2 year period, 50% of applicant's time has been spent in practical field experience and the remainder in laboratory work, office procedures, and technical training.

Signature of Veterinarian Employer

Date

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

VETERINARY EXAMINING BOARD

INFORMATION FOR COMPLETING VETERINARY TECHNICIAN EXAM APPLICATION

APPLICATION:

"Application for Veterinary Technician Certification" (Form #653) must be complete and on file in the board office at least **30 days prior** to the date of the examination.

FEE:

The fee must accompany your application (Form #653). Checks or money orders should be made payable to the Department of Regulation and Licensing.

CERTIFICATE OF TECHNICAL SCHOOL OR COLLEGE:

Must be completed for applicants who have completed a 4-semester course in veterinary technology. Forward this form to your veterinary technical school/college to be signed and sealed by the registrar of the school. Request them to submit this form directly to the Veterinary Examining Board.

AFFIDAVIT OF LICENSED VETERINARIAN EMPLOYER:

Must be completed by those applicants for veterinary technician certification who **have not** completed a 4-semester course in veterinary technology. Forward this form to your employer and request them to submit this form directly to the Veterinary Examining Board.

EXAMINATIONS:

The Veterinary Examining Board uses the Veterinary Technician National Exam (VTNE) as its written examination for veterinary technicians to obtain "Information For Candidates On The VTNE", go to www.aavsb.org. The Board also utilizes an examination on state laws and rules related to the practice of veterinary technology.

EXAMINATION ON WISCONSIN LAW:

An applicant for licensure shall successfully complete an open book examination on Wisconsin Statutes and Rules relating to the practice of veterinary technician before a license can be issued.

VTNE EXAMINATION:

You will receive notification of the time and location of the examination approximately 10 days prior to the administration date.

REPORTING OF RESULTS:

Candidates will receive notice by mail of their performance on the VTNE approximately 6 weeks after the administration of the exam. Please do not call the board office for the results of your examination. This information will not be provided by phone.

Candidates will receive a numerical score and pass-fail notification. The passing score recommended by the Veterinary Examining Board will be reported as a scaled score out of 100, with 70 being required to pass. A score of 70 is equivalent to the VTNE scaled score of 425.

Wisconsin Department of Regulation & Licensing

EVALUATION AND FAIRNESS:

The content and process of this examination, and candidate performance statistics, are regularly evaluated by the Department and the Veterinary Examining Board to assure that this examination fairly and effectively assesses competencies necessary to practice as a veterinary technician.

RECORD RETENTION:

Passing examination grades of credentialed candidates are retained indefinitely in an electronic credential file. Failing grades are retained on file until replaced by passing grades. Answer sheets, examination products and examiner evaluation documents are retained one year after the examination date. Booklets used by candidates are retained two months after the release of grades. Records of specific examination content (examination file copies) are retained five years.

SCHOOL CODE - TECHNICAL SCHOOL OR COLLEGE:

Insert the school code, if applicable, on the front page of the "Application for Veterinary Technician Certification" (Form #653) under "School Name" from the following list:

00001	Snead State Junior College-AL	00032	Jefferson College-MO
00002	Cosumnes River College-CA	00033	University of Nebraska-NE
00003	Hartnell College-CA	00034	Omaha Coll of Health Careers-NB
00004	Los Angeles Pierce College-CA	00035	Camden County College-NJ
00005	Mt. San Antonio College-CA	00036	State Univer. of New York-Delhi
00006	San Diego Mesa College-CA	00037	State Univer. of New York-Canton
00007	Yuba College-CA	00038	Laguardia Community College-NY
00008	Colorado Mountain College-CO	00039	Central Carolina Tech College-NC
00009	Bel-Rea Inst. of Animal Tech-CO	00040	North Dakota State University-ND
00010	Quinnipiac College-CT	00041	Columbus Technical Institute-OH
00011	St. Petersburg Jr. College-FL	00042	Raymond Walters College-OH
00012	Abraham Baldwin Agri College-GA	00043	Murray State College-OK
00013	Fort Valley State College-GA	00044	Harcum Junior College-PA
00014	Parkland College-IL	00045	Median Sch-Allied Health Care-PA
00015	Purdue University-IN	00046	Wilson College-PA
00016	Colby Community College-KS	00047	Tri-County Techn. College-SC
00017	Morehead State University-KY	00048	National College-SD
00018	Northwestern State Univ of-LA	00049	Columbia State Community College-TN
00019	University of Maine-ME	00050	Texas State Technical Inst.-TX
00020	Essex Community College-MD	00051	Sul Ross State University-TX
00021	Garrett Community College-MD	00052	Cedar Valley College-TX
00022	Newberry Junior College-MA	00053	Brigham Young University-UT
00023	Becker Junior College-MA	00054	Blue Ridge Community College-VA
00024	Mount Ida College-MA	00055	Northern Virginia Comm. College-VA
00025	Wayne County Comm College-MI	00056	Ft. Steilacoom Comm. College-WA
00026	Michigan State University-MI	00057	Fairmont State College-WV
00027	Macom County Comm College-MI	00058	Madison Area Technical College-WI
00028	University of Minnesota-MN	00059	Eastern Wyoming College-WY
00029	Medical Inst. of Minnesota-MN	00100	Not listed Specify _____
00030	Maple Woods Comm College-MO	00200	Did not attend school

MAILING INSTRUCTIONS:

Mail your application, the appropriate fee, and documentation to the following address:

Department of Regulation and Licensing
Veterinary Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us/>

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
____ month ____ day ____ year	_____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____	Date _____
-----------------	------------

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public _____	Date _____
----------------------------------	------------

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 11/19/02) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION PACKET ADDENDUM (INTERNET)

Veterinary Technician Exam Application

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)